

(X6) DATE:

IF CONTINUATION SHEET Page 1 of 1



Certified End Page

CENTENNIAL HEALTHCARE AND REHABILITATION CENTER

STATE LICENSE NUMBER: 193902

SURVEY EXIT DATE: 05/03/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY